



Cobb County Business License Division
P.O. Box 649, Marietta, GA 30061-0649
Phone (770) 528-8410 Fax (770) 528-8414
Web site Address - www.cobbcounty.org

Application For Corporation or Limited Liability Company LLC Occupation Tax Certificate

A Certificate of Registration from the Secretary of State or Articles of Organization must accompany this application. To obtain information on becoming incorporated please call (404) 656-2817. The application must be filled out **completely** to obtain a Cobb County Occupation Tax Certificate. Payment must be filed with the application to obtain a Cobb County Occupation Tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax or fee. **You will not be billed.** Please print with ink or type. For further information on determining tax and/or fee amount see our website at www.cobbcounty.org, and click on Business, Business License Division, then Business Registration.

This Business is: ☐ New Application
 ☐ Ownership Change / Date ownership changed _____
 ☐ I am filing a name/or address change for # _____

Is this business located: ☐ Outside Cobb ☐ In Unincorporated Cobb ☐ Inside a City

1. Name Doing Business As _____ Phone # () _____

2. Name of Corporation/ LLC _____

3. Business Address _____ Suite# _____ City _____ State _____ Zip _____

4. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

5. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial Fax # _____

6. Full Detailed Description of Business _____

7. Estimated Gross Receipts in GA from this location for the current calendar year \$ _____

Gross Receipts in GA from this location for the calendar year prior to this application \$ _____

Gross Receipts in GA from this location for the year two calendar years prior to this application \$ _____

8. Date Business began in Cobb County _____ # of employees in Cobb _____

9. State Sales Tax ID # _____ Federal ID # _____

10. President/ Managing Member _____ Cell # _____ SSN# _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ D/O/B ____/____/____/ Drivers License # _____ State _____

11. Vice President/ Member _____ SSN# _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ D/O/B ____/____/____/ Drivers License # _____ State _____

12. Secretary/ Member _____ SSN# _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ D/O/B ____/____/____/ Drivers License # _____ State _____

13. Treasurer/ Member _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone() _____ D/O/B ____/____/____/Drivers License # _____ State _____

14. Person completing application _____ Cell # _____ Title _____

15. Name of manager(s) of this location _____

16. Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? _____ If yes, please list all dates and locations of the offenses and disposition of charges _____

17. Are you, the applicant the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? _____ If yes, Please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent. _____

Home Office Information

If you have a Home/Corporation Office please indicate the individual responsible for the occupation tax.

1. Name _____ Title _____
Phone() _____ Fax() _____

2. Address _____ City _____ State _____ Zip _____

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

I will comply with the Zoning

Restrictions stated above: _____
(initials)

Signature: _____

I, _____, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/ or revocation of the license. I understand that all signs displayed on my premise must be permitted by the Cobb County Community Development Agency. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce such laws, ordinances & regulations.

This _____ day of _____, 20____.

Signature of applicant _____
() Owner () Manager () Other specify _____

THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE PREVENTION BUREAU AND/ OR THE DEPARTMENT AND INSPECTIONS DIVISION.

OFFICE USE ONLY:

Occ. Tax Cert. # _____ SIC # _____ Category _____ BL STAFF _____

Due current yr _____ Due previous yr _____ Due for 2 yrs prior to current yr _____

Penalty _____ Interest _____ Total Due\$ _____ Receipt # _____

Method of payment: CASH / CHECK # _____ Zoning Division _____ Approved/Denied
(circle one) (circle one)

REVISED 2/10



***Affidavit Verifying Status
Of Cobb County Business License Application***

By executing this affidavit under oath, as an applicant for a Cobb County Business License, I am stating the following with respect to my application for a Cobb County Business License for _____**[INSERT BUSINESS NAME]**:

_____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. Provide alien registration number, date of birth, and a copy of the document(s) issued by the U.S. Department of Homeland Security for non-citizen applicant.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

Alien Registration number for non-citizens

Date of Birth for non-citizens

Notary Public

My Commission Expires:
